

Division Directives

Division of Substance Abuse and Mental Health



Fiscal Year 2013

August 2012

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DSAMH FY2013 DIRECTIVES

- I. The Local Authority shall refer to the contract, state and federal statute and administrative rule to comply with all of the requirements attached to the funding in these contracts. The directives are intended to be additional requirements that are not already identified in the contract, state and federal statute and administrative rule. These directives shall remain in effect from July 1, 2012 through June 30, 2013. The Local Authority shall comply with the directives, as identified below.

A. **GOVERNANCE AND OVERSIGHT**

- i. As required by statute, all Local Authorities must prepare and submit to the division a plan approved by the county legislative body for funding and service delivery. For FY2013, the required Area Plan from all Local Authorities will consist of forms the Division has developed for Mental Health (Form A), Substance Abuse Treatment (Form B), and Substance Abuse Prevention (Form C). Each budget form is in Microsoft Excel format and must be completed in Microsoft Excel. Do not change any of the formats or formulas. The forms require specific information that is applicable to each program. DSAMH will review the forms with the Local Authority staff during the annual UBHC conference to be held March 27, 2012. The financial information of each form will be assessed by the division and compared to each Local Authority's audited financial statement.
- ii. The Area Plan packet must include the completed Forms A, B, C, D and the required fee policy and fee schedule, pursuant to Administrative Rule Section R523-1-5. The Area Plan packet must be received by DSAMH at 195 N. 1950 W., Salt Lake City, UT 84116 by May 1, 2012. In addition, an electronic copy of Forms A, B and C must be submitted by E-mail to Cindy Lopez at cmlopez@utah.gov no later than May 1, 2012.
- iii. All Local Authorities shall complete specific year-end reports that must be submitted to the Division no later than August 30, 2012. The forms will be provided to the Local Authorities no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.
- iv. The Local Authority may use 2012 calendar or fiscal year data, whichever is applicable to that Local Authority.
- v. The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client. If the Local Authority does not fall within the overall average cost, the division will contact the Local Authority to discuss whether or not accurate data has been submitted. If the data is not accurate, the Local

Authority will resubmit the correct financial or cost data. Client data cannot be changed for the prior year after August 30th.

- vi. Monitoring reports for FY2013 will contain automatic findings resulting from any red scores on the Substance Abuse Treatment Scorecard, the Mental Health Youth and Adult Scorecard, Consumer Satisfaction Scorecard, and the Client Cost Report. A yellow score will indicate a need for further review. A green score will be reported as a positive outcome in the monitoring report.
- vii. DSAMH will use the following definitions in the monitoring process:
 - a. **Compliance:** DSAMH has reviewed and verified that the Local Authority or its designees' performance is sufficient and that it meets the requirements of service delivery and provisions within the contract.
 - b. **Corrective Action:** The use of this contractual compliance term requires 1) a written formal **Action Plan** to be developed, signed, and dated by the Local Authority or its designee; 2) acceptance by DSAMH evidenced by the dated signature of the Division director or designee; 3) follow-up and verification actions by DSAMH; and 4) a formal written notification of a return to compliance by the Local Authority or its designee. This notification shall be provided to the Bureau of Contract Management (BCM), the Office of Inspector General (OIG) with a copy placed in the files maintained by DSAMH Administration.
 - c. **Action Plan:** A written plan sufficient to resolve a non-compliance issue identified by Division reviewers. The development of the plan is the primary responsibility of the Local Authority or its designee. If requested, the Division will provide technical assistance and guidance in its formulation.
 - d. **Recommendation:** The Local Authority or its designee is in compliance. DSAMH will use this term to make a best practice or technical suggestion. The Local Authority is encouraged to implement the suggestion, however implementation is not required.
 - e. Each performance inadequacy will be classified according to one of the following classification levels:
 - 1. **Major Non-Compliance:** Major non-compliance is an issue that affects the imminent health, safety, or well being of individuals and requires immediate resolution. Non-compliance at this level will require **Corrective Action** sufficient to return the issue to compliance within 24 hours

or less. The Division of Substance Abuse and Mental Health's response to a major non-compliance issue may include the removal of clients from the current setting into other placements and/or contract termination.

2. **Significant Non-Compliance**: Significant non-compliance is: 1) non-compliance with contract requirements that do not pose an imminent danger to clients but result in inadequate treatment and/or care that jeopardizes the long-term well being of individual clients; or, 2) non-compliance in training or required paperwork/documentation that is so severe or pervasive as to jeopardize continued funding to the Department and to the Local Authority or its designee. Non-compliance at this level will require that **Corrective Action** be initiated within 10 days and compliance achieved within 30 days.
3. **Minor Non-Compliance**: Minor non-compliance, is a non-compliance issue in contract requirements that is relatively insignificant in nature and does not impact client well being or jeopardize Department or Local Authority funding. This level of non-compliance requires **Corrective Action** be initiated within 15 days and compliance achieved within 60 days.
4. **Deficiency**: The Local Authority or its designee is not in full contract compliance. The deficiency discovered is not severe enough nor is it pervasive enough in scope as to require a formal action plan. DSAMH will identify the deficiency to the Local Authority or its designee and require the appropriate actions necessary to resolve the problem by a negotiated date. DSAMH will follow-up to determine if the problem has been resolved and will notify the Local Authority or its designee that the resolution has been achieved by the negotiated date. If the Local Authority or its designee fails to resolve the identified deficiency by the negotiated date, formal **Corrective Action** will be required.

B. **MENTAL HEALTH SERVICES**

- i. The Local Authority shall continue to practice principles of the Hope and Recovery model as a Division and Futures Committee priority. The Local Authority shall continue to emphasize the use of dedicated funds for people without funding "\$2.7 million Unfunded," person-centered planning, strength-based assessments and wellness initiatives as directives in fiscal year 2013. DSAMH is continuing two additional directives: 1) support Wraparound Facilitation and Multi-Agency

Collaboration for children, youth and families and 2) planning and implementation of tobacco free treatment environments through March 2013.

- ii. Local Authorities shall use the (\$2.7 million) State General Funds dedicated to children, youth and adults with mental illness with no funding available in the following manner.
 - a. Each Local Authority is required to spend their \$2.7 million allocation serving unfunded clients (total allotment of funds divided by the number of clients served by setting).
 - b. This money may not be used for Medicaid match, emergency services or inpatient services.
- iii. Each client shall have a Strength-Based Assessment. The following components are to be used to enhance a clinically sound assessment:
 - a. All assessments must be updated at least annually.
 - b. The assessment portrays a clear picture of the unique hopes, dreams and aspirations that makes the consumer an individual.
 - c. Incorporation of the OQ/YOQ into the overall clinical process with a summary of scores and clinical analysis in annual updates.
 - d. Consumer (child/youth and family) culture identified.
 - e. Consumer (child/youth and family) strengths, natural and informal supports identified such as:
 - 1. Abilities, talents, competencies, and accomplishments in any range of settings from home to school and work or other social settings.
 - 2. Values and traditions.
 - 3. Interests, hopes, dreams, aspirations, and motivations.
 - 4. Resources and assets, both monetary/economic, social and interpersonal.
 - 5. Unique individual attributes (physical, psychological, performance capabilities, sense of humor, and so on).
 - 6. Circumstances at home, school, work or in the community that have worked well in the past.

7. Family members, relatives, friends, and other “natural supports” (both formal and informal relationships) within the community.
- iv. Each client must have a Person-Centered Recovery Plan, which will include the following components:
 - a. Identifying Information.
 - b. Diagnosis.
 1. Treated diagnoses match the diagnoses in the current assessment; and
 2. Document changes in diagnosis.
 - c. Formulation.
 - d. Goals: Treatment goals are stated in the consumer’s own words (for youth, when age and developmentally appropriate).
 - e. Strengths.
 - f. Barriers (behaviors, symptoms or life situations).
 - g. Objectives (behavioral changes that are measurable, short term and tied to the goals).
 - h. Interventions (list what modality is being used, the credentials of individuals who will furnish the services, and frequency and duration).
 - i. Anticipated Transition/Discharge Criteria.
 - j. Copies of the plans should be offered to the consumer.
 - k. Child and youth records must contain a safety/crisis plan when clinically indicated.
 - l. Treatment plan reviews will incorporate OQ or YOQ data into the decision-making process that either supports the current direction of the treatment plan or that suggest a change in direction, excluding children age five and under.
 - v. Local Authorities will use a Holistic Approach to Wellness. Treatment staff must provide the following services and include documentation in the medical record:

- a. Monitor weight (and height for children).
- b. Provide or arrange for a diabetes screening, as indicated.
- c. Identify tobacco use in the assessment.
- d. Provide training for staff in recognizing health issues.
- e. Policies in place to ensure integration of mental health and physical health care.
- f. Provide information to consumers on physical health concerns and ways to improve their physical health.
- g. Incorporate wellness into individual person-centered plans as needed.
- h. Provide prevention, screening and treatment in context of better access to health care.
- i. Additional areas for children/youth when on atypical medications:
 - 1. Monitoring of labs, AIMS and tracking of vitals.
 - 2. Coordination/communication with prescribers.
 - 3. Emphasize exercise along with healthy leisure and recreational activities in youth programming.
- j. Results from the wellness domain on the consumer satisfaction survey will be used as a performance measure.
- vi. Continuing Directives for FY2013
 - a. Local Authorities will utilize Wraparound Facilitation and Multi-Agency Collaboration in the provision of services for Children, Youth and Families. Evidence of compliance would include the following:
 - 1. Participation in Wraparound Facilitation as defined by the Utah Family Coalition. Participation will be evidenced through a minimum of 20% of designated staff time being spent doing Wraparound Facilitation and through mentor verification of the following related documentation:
 - (a) Strengths, need and cultural discovery;
 - (b) Family team roster;

- (c) Crisis/safety plan;
 - (d) Team meeting minutes; and
 - (e) Transition plan.
 - 2. Participation in local Multi-Agency Coordinating Committees (a.k.a.: System of Care Committees) with families present. Participation will be evidenced through stakeholder feedback, charts and program manager discussions.
 - 3. As resources permit, wraparound facilitation and/or multi-agency collaboration should be provided for children who qualify in one of the following categories:
 - (a) Currently placed out of the home;
 - (b) At risk of out of home placement;
 - (c) Involved with multiple agencies; and
 - (d) Have complex mental health needs.
 - 4. Participation in USH Continuity of Care meetings. Written children's outplacement requests are submitted to DSAMH by the LMHA representative for each individual client and then requests are presented at the Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval.
 - b. Recovery Plus: Local Authorities will implement a tobacco free environment by March 2013.
- vii. New Directives
- a. Mental Health Early Intervention
 - 1. Apply for funds in each of the applicable categories according to local needs and resources by responding to the **Request for Application (RFA)**. This funding is for new clients, children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services.
 - 2. Upon approval of the RFA, funding will be passed to the LMHAs through the Funding Allocation Letter. This will enable services to begin as of July 1, 2012. The approved

Mental Health Early Intervention RFA will be incorporated by reference into the FY2013 Area Plan.

- b. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area.

C. **SUBSTANCE ABUSE TREATMENT SERVICES**

- i. Substance Abuse Treatment
 - a. Local Authority clinical records will comply with the guidance in Section V. of the DSAMH Substance Abuse Treatment Practice Guidelines, Revised 2009.
 - b. Recovery Plus: Local Authorities will implement a tobacco free environment by March 2013.
 - c. DSAMH requests Local Authority participation in a survey designed to gauge the use of medication assisted therapy in FY2013.
- ii. Drug Courts: Drug Courts shall comply with the FY2013 RFA Part III Scope of Work. This information can be found at:
<http://www.dsamh.utah.gov/docs/Drug%20Court%20RFA%202012.pdf>
- iii. Women's Residential Treatment and Women's Meth Treatment Funds.
 - a. Funds shall be used to serve women, pregnant women, and women with dependent children in need of substance abuse treatment.
 - b. Funds shall be used to provide:
Treatment services at the 2.1, 3.1, 3.3, and 3.5 American Society of Addiction Medicine (ASAM) Levels of Care, as defined in the American Society of Addiction Medicine's (ASAM) Second Edition -Revised of Patient Placement Criteria (ASAM PPC-2R);
 - c. Funds may be used to provide any or all of the services listed below:
 - 1. Gender-specific substance abuse treatment and other therapeutic interventions for women that address issues of relationships, sexual and physical abuse, vocational skills, networking, and parenting;
 - 2. Child-care while the women are receiving services;
 - 3. Therapeutic interventions for the children which may address their developmental needs, their potential for

substance abuse, and their issues of sexual and physical abuse and neglect;

4. Sufficient case management and transportation services to ensure the women and their children have access to the services listed above; and
5. Regular Urinalysis (UA) testing.
6. Trauma informed gender specific services as defined at <http://centerforgenderandjustice.org>.
7. Comprehensive assessment of the children who are in the mothers and children programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect.

D. **SUBSTANCE ABUSE PREVENTION SERVICES**

i. Prevention services

- a. Local Authority shall use the Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to promote emotional health and reduce the likelihood of mental illness, and suicide:
 1. Assess their prevention needs based on epidemiological data.
 2. Build their prevention capacity.
 3. Develop a strategic plan.
 4. Implement effective community prevention programs, policies and practices.
 5. Evaluate their efforts for outcomes.

ii. Evidenced-Based Indicated Prevention for Parents and Families

- a. Funding shall be used to develop, expand or enhance indicated prevention programs that are evidenced-based. Programs, strategies and services listed on one of the following registries shall be considered eligible:

1. SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). <http://nrepp.samhsa.gov/>;
 2. Center for the Study and Prevention of Violence-Blueprints <http://www.colorado.edu/cspv/blueprints/>;
 3. U.S. Department of Justice Model Programs Guide <http://www.ojjdp.gov/mpg/>;
 4. Communities That Care Prevention Strategies Guide <http://www.sdrp.org/ctcresource/>; and
 5. Programs determined by the Utah Evidence Based Workgroup to be Level III: Supported, Efficacious Practices, or Level IV: Well Supported- Effective Practices using the Program Assessment Rating Tool (PART) developed by the Office of Child Abuse and Neglect (OCAN).
- b. Allowable expenses will be limited to:
1. Promotion of selected program(s);
 2. Evidence-based program(EBP) program training and certification costs;
 3. Purchase of consumables and materials required to deliver EBP;
 4. Implementation (Direct staff time devoted to preparation and delivery of EBP);
 5. Monitoring and evaluation;
 6. Other expenses necessary to promote, implement, enhance or bring EBP to fidelity;
- c. The Local Substance Abuse Authority agrees to the following:
1. Implement services as described by EBP program curriculum;
 2. Monitor implementation of program to ensure critical elements are delivered as described by program developer (fidelity);
 3. Collect process data and report on DSAMH approved data collection system;

4. Administer approved pre-post matched surveys to participants;
 5. Provide matched Pre/Post tests to each program participant;
 6. Ensure all services are delivered by individuals certified and/or licensed for the implemented program;
 7. Ensure that providers are Substance Abuse Prevention Specialist Training certified; and
 8. Submit invoice monthly.
- d. Allocation letters will be amended upon submission and approval of a plan containing the following elements:
1. Budget that identifies how funds will be expended; and
 2. Description of the target population, program, training and certification requirements, monitoring plan and evaluation plan.

E. **MENTAL HEALTH AND SUBSTANCE ABUSE DATA SUBMISSION**

- i. Substance Abuse and Mental Health Data Reporting Deadlines
 - a. All information system and outcomes system data are to be submitted electronically.
 - b. DORA providers must submit data for the prior month, on or before the last day of every month.
 - c. Providers will submit the substance abuse “Treatment Episode Data Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE) data monthly for the prior month (on or before the last day of every month), and will be eligible to receive reimbursement and/or payment for each complete and successful submission based on the availability of Federal funds.
 - d. Providers will submit the “Service Level Funding Source” (SLFS) data annually for the prior fiscal year, on or before August 30th of each year.
- ii. Substance Abuse and Mental Health Data and Outcome Reporting Requirements
 - a. The Information System Data Set for Mental Health is the MHE.

- b. The Information System Data Set for Substance Abuse is the TEDS.
- c. The Information System Data Set for Substance Abuse and Mental Health is the SLFS.
- d. MHE, TEDS and SLFS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS).
- e. Outcomes system data are:
 - 1. Adults:
 - (a) OQ[®] 45.2 - Adult Outcome measure (ages 18+);
 - (b) OQ[®] 30.0 – Adult Outcome measure (ages 18+);
 - (c) SOQ[®] 2.0 - SPMI Outcome instruments (self or clinician); and
 - (d) Mental Health Statistical Improvement Program (MHSIP) Consumer Survey.
 - 2. Children/Youth:
 - (a) YOQ[®] 30.1;
 - (b) YOQ[®] 2.01 - Youth Outcome measure (ages 4-17);
 - (c) YOQ[®] 2.01SR - Youth Outcome measure (ages 12-18);
 - (d) YOQ[®] 30.1 - Omni form Youth Outcome measure (ages 4-17); and
 - (e) YOQ[®] 30.1SR Omni form Youth Outcome measure (ages 12-18).
 - 3. Parents/Youth:
 - (a) Youth Services Survey (MHSIP);
 - (b) Parents Satisfaction Survey: YSS-F; and
 - (c) Youth Satisfaction Survey: YSS.

- f. Electronic submissions must be made through SAMHIS.
 - g. OQ Measure instruments are to be completed in the OQ Analyst Hosted System (OQA-HS).
 - h. Optional OQ Measure instruments not included in state reporting or monitoring.
 - i. Consumer Satisfaction Survey instruments are to be completed annually.
 - j. Data findings may result for substance abuse providers when old open admissions account for more than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.
 - k. Data findings may result if performance measure and/or scorecard results, used for contract monitoring, are determined to be inaccurately reported by the provider.
 - l. Providers who contract out for services are required to report client service data to the Division for these clients regardless of where that service is being provided.
- iii. Adult and Youth Consumer Satisfaction Surveys
- a. MHSIP Method
 - 1. Introduction: The Mental Health Statistical Improvement Program (MHSIP) is a self-report consumer satisfaction survey for adults in mental health and/or substance abuse treatment. The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The survey consists of the following domains: general satisfaction, access to treatment, quality/appropriateness, participation in treatment, outcomes, criminal justice contact, social connectedness, patient functioning and general wellness domains. Each domain has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree. A “not applicable” answer is also available.
 - 2. Data Collection Procedures: The MHSIP is a paper/pencil survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (typically to begin on December 1st

and run through April 1st of every year). DSAMH will print and distribute surveys to providers with specific instructions and survey dates; completed surveys should be submitted to DSAMH on a monthly basis. Centers may administer the survey onsite or conduct mail outs. Surveys administered after the approved time period or received by DSAMH after May 1st will not be used in scoring and analysis. The surveys are given to adult substance abuse and mental health consumers regardless of the modality of treatment or length of stay in treatment. Surveys are color coded so agency staff may distinguish between the different versions- MHSIP (white), MHSIP Spanish (yellow).

3. Scoring and Data Analysis:

- (a) Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page should be retained by the agency prior to sending the completed surveys to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
- (b) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.
- (c) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
- (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.

b. YSS/YSS-F METHOD

- 1. Introduction: There are two parallel versions of the survey for youth in substance abuse and/or mental health treatment, one for youth (YSS) and one for the youth's parent or caregiver (YSS-F). The survey results are used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment and to improve services to consumers. The surveys consist of the following domains: satisfaction, access to services,

participation in treatment, outcomes, cultural sensitivity, criminal justice contact, school attendance, social connectedness (YSS-F), improved functioning (YSS-F) and general wellness. Each of the questions has a five-point rating scale: strongly agree, agree, undecided, disagree, and strongly disagree.

2. **Data Collection Procedures:** The YSS and YSS-F are paper/pencil surveys, available in English and Spanish. The YSS and YSS-F are given as point-in-time convenience surveys during the approved survey period (typically to begin on December 1st and run through April 1st of every year). DSAMH will print and distribute surveys to providers with specific instructions and survey dates. Centers may administer the survey onsite or conduct mail outs; completed surveys should be submitted to DSAMH on a monthly basis. Surveys administered after the approved time period or received by DSAMH after May 1st, will not be used in scoring and analysis. The YSS survey is given to open youth (ages 12-17) substance abuse and/or mental health clients, regardless of the modality of treatment or length of stay in treatment. The YSS-F survey is given to the parent or caretaker of the youth consumer. Surveys are color coded so agency staff may distinguish between the different versions- YSS (beige), YSS Spanish (pink), YSS-F (green), and YSS-F Spanish (lavender).
3. **Scoring and Data Analysis:**
 - (a) Completed surveys are returned to DSAMH where they are scanned and the data is analyzed. The separate comments page should be retained by the agency prior to sending the completed surveys to DSAMH. Aggregate numbers for the State and specific data for the center/county are then returned to the center.
 - (b) Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.
 - (c) A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.

- (d) Trend arrows on the scorecard will only indicate a trend upward or downward when there is a change in the score color.
- (e) Only youth 12-17 will be counted in clients served for both the YSS and YSS-F.

iv. OQ/YOQ Requirements and Reporting Guidelines:

- a. DSAMH requires a 50% utilization rate for the LMHA for patients served in publicly funded programs. The instruments will require repeated administrations.
- b. DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).
- c. DSAMH recommends that for ease of internal monitoring of these minimum frequency requirements, and to increase clinical effectiveness, providers are encouraged to administer the instruments at every encounter for relevant services. The instruments are to be completed by the patient/consumer or by the parent/guardian for consumers under the age of 12.
- d. The OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
- e. Scoring and Data Analysis:
 - 1. DSAMH will be a user of this system, similarly to LMHAs, and will obtain results directly from the OQ Analyst system. DSAMH will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with LMHAs and used to inform others regarding system effectiveness and clinical best practice.
 - 2. Clients who receive an assessment only service, or are served while in jail during the course of the reporting period, will be excluded from the client served denominator.
 - 3. Children 5 and under will be excluded from the client served denominator.

4. LMHAs will be required to satisfy frequency requirements for a majority of the annual unduplicated number of clients served (denominator used for clients participating scorecard measure).
 5. LMHAs who do not satisfy the minimum frequency requirements for a majority of their annual unduplicated number of clients served may be reported in the scorecard as red and may receive a finding in the audit report.
 6. Client match rates must exceed 90% for the provider to be included in the outcome results. This will result in the provider not having results shown on the scorecard with insufficient data and may result in a finding. It is highly recommended that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health record (EHR) so identifying data items are kept accurate in the OQA system.
- v. Substance Abuse Prevention Data: The Local Authority shall enter prevention data into the Minimum Data Set (MDS) within 60 calendar days of the delivery of service.

F. **PERFORMANCE MEASURES**

- i. Mental Health Performance Measures:
 - a. The mental health scorecard will be used to measure performance. Monitoring reports for FY2013 will contain automatic findings resulting from any red scores, a yellow score will indicate need for further review and a green score will be reported as a positive outcome in the monitoring report.
 - b. Performance indicators on the scorecard will be reviewed with the centers by the Division during monitoring visits.
 - c. For successful performance, the Local Mental Health Authorities will meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment, Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment) and/or unemployed but seeking work, Enrolled/Attendance in School, Supported Housing, Clients Served, Unfunded Clients Served, Percent in Need Served, Percent in Need SPMI/SED Served, Clients Served in Jail/Justice Services. Providers are encouraged during FY2013 to focus on percent increase or decrease, during an annual

reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).

- ii. Substance Abuse Treatment Performance Measures FY2013:
Achievement of these measures will be reviewed in the annual site visit.
 - a. Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2011 treatment retention in FY2012 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2011 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2012. Retention is defined as the percentage of clients who remain in treatment over 60 days.
 - b. Successful Treatment Episode Completion: Local Substance Abuse Authorities will meet or exceed their FY2011 Successful Treatment Episode Completion rates in FY2012 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2011 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2012. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.
 - c. Abstinence from Alcohol: Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.
 - d. Abstinence from Drugs: The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.
 - e. Decrease in Criminal Activity: Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.

- f. Recovery Support: Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support of recovery activities increased from admission to discharge. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission
- iii. Substance Abuse Prevention Performance Measures:
 - a. All prevention services entered in MDS accurately and within 60 days of services.
 - b. Percent of retail establishments within Local Authority area that refused to sell tobacco to minors during Synar tobacco compliance checks. (Target for FY2013 is 90%.)
 - c. Percentage of students in grades 8, 10, & 12 using alcohol during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011...).
 - d. Percent of students in grades 8, 10, 12 using illegal drugs during the past 30 days (will use trend data from 2003, 2005, 2007, 2009, 2011...).
 - e. Number of "Eliminate Alcohol Sales to Youth" (EASY) alcohol compliance checks within Local Authority area. (Target for FY2013 is an increase from the previous year.)
 - f. Number of coalitions and representative organizations (as defined by DSAMH) in local substance abuse authority area.
 - g. Number of evidence-based policies, practices, programs and strategies implemented.

Division of Substance Abuse and Mental Health

Changes made to FY2013 Division Directives

B. Mental Health Services

i. – New language to reflect current year/specific date pg. 4

- i. The Local Authority shall continue to practice principles of the Hope and Recovery model as a Division and Futures Committee priority. The Local Authority shall continue to emphasize the use of dedicated funds for people without funding “\$2.7 million Unfunded,” person-centered planning, strength-based assessments and wellness initiatives as directives in fiscal year 2013. DSAMH is continuing two additional directives: 1) to support Wraparound Facilitation and Multi-Agency Collaboration for children, youth and families and 2) planning and implementation of tobacco free treatment environments in two years through March 2013.

vi., a., 4. – New language/paragraph pg. 7

4. Participation in USH Continuity of Care meetings. Written children’s outplacement requests are submitted to DSAMH by the LMHA representative for each individual client and then requests are presented at the Continuity of Care meeting. Funding is awarded by committee vote with DSAMH approval.

vii., a. & b. – New directives pg. 7 – 8

vii. New Directives

a. Mental Health Early Intervention

1. Apply for funds in each of the applicable categories according to local needs and resources by responding to the **Request for Application (RFA)**. This funding is for new clients, children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services.
2. Upon approval of the RFA, funding will be passed to the LMHAs through the Funding Allocation Letter. This will enable services to begin as of July 1, 2012. The approved Mental Health Early Intervention RFA will be incorporated by reference into the FY2013 Area Plan.

- b. Identify and become a participating member of any Local Homeless Coordinating Council(s) that meet in the Local Authority service area.

C. Substance Abuse Treatment Services

i., c. – New language/paragraph

pg. 8

- c. DSAMH requests Local Authority participation in a survey designed to gauge the use of medication assisted therapy in FY2013.

ii. & iii. – New language/sections

pg. 8 - 9

- ii. Drug Courts: Drug Courts shall comply with the FY2013 RFA Part III Scope of Work. This information can be found at:
<http://www.dsamh.utah.gov/docs/Drug%20Court%20RFA%202012.pdf>

- iii. Women's Residential Treatment and Women's Meth Treatment Funds.

- a. Funds shall be used to serve women, pregnant women, and women with dependent children in need of substance abuse treatment.

- b. Funds shall be used to provide:
Treatment services at the 2.1, 3.1, 3.3, and 3.5 American Society of Addiction Medicine (ASAM) Levels of Care, as defined in the American Society of Addiction Medicine's (ASAM) Second Edition -Revised of Patient Placement Criteria (ASAM PPC-2R);

- c. Funds may be used to provide any or all of the services listed below:

1. Gender-specific substance abuse treatment and other therapeutic interventions for women that address issues of relationships, sexual and physical abuse, vocational skills, networking, and parenting;
2. Child-care while the women are receiving services;
3. Therapeutic interventions for the children which may address their developmental needs, their potential for substance abuse, and their issues of sexual and physical abuse and neglect;
4. Sufficient case management and transportation services to ensure the women and their children have access to the services listed above; and
5. Regular Urinalysis (UA) testing.
6. Trauma informed gender specific services as defined at: <http://centerforgenderandjustice.org>.

7. Comprehensive assessment of the children who are in the mothers and children programs that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills; health, including immunization history; interaction with mother and other adults; language and general affect.

D. Substance Abuse Prevention Services

i. & ii. – New language/sections

pg. 9 - 11

i. Prevention services

- a. Local Authority shall use the Strategic Prevention Framework (SPF) developed by the Substance Abuse Mental Health Services Administration (SAMHSA) to promote emotional health and reduce the likelihood of mental illness, and suicide:
 1. Assess their prevention needs based on epidemiological data.
 2. Build their prevention capacity.
 3. Develop a strategic plan.
 4. Implement effective community prevention programs, policies and practices.
 5. Evaluate their efforts for outcomes.

ii Evidenced-Based Indicated Prevention for Parents and Families

- a. Funding shall be used to develop, expand or enhance indicated prevention programs that are evidenced-based. Programs, strategies and services listed on one of the following registries shall be considered eligible:
 1. SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). <http://nrepp.samhsa.gov/>;
 2. Center for the Study and Prevention of Violence-Blueprints <http://www.colorado.edu/cspv/blueprints/>;
 3. U.S. Department of Justice Model Programs Guide <http://www.ojjdp.gov/mpg/>;

4. Communities That Care Prevention Strategies Guide <http://www.sdr.org/ctcresource/>; and
 5. Programs determined by the Utah Evidence Based Workgroup to be Level III: Supported, Efficacious Practices, or Level IV: Well Supported- Effective Practices using the Program Assessment Rating Tool (PART) developed by the Office of Child Abuse and Neglect (OCAN).
- b. Allowable expenses will be limited to:
1. Promotion of selected program(s);
 2. Evidence-based program(EBP) program training and certification costs;
 3. Purchase of consumables and materials required to deliver EBP;
 4. Implementation (Direct staff time devoted to preparation and delivery of EBP);
 5. Monitoring and evaluation;
 6. Other expenses necessary to promote, implement, enhance or bring EBP to fidelity;
- c. The Local Substance Abuse Authority agrees to the following:
1. Implement services as described by EBP program curriculum;
 2. Monitor implementation of program to ensure critical elements are delivered as described by program developer (fidelity);
 3. Collect process data and report on DSAMH approved data collection system;
 4. Administer approved pre-post matched surveys to participants;
 5. Provide matched Pre/Post tests to each program participant;
 6. Ensure all services are delivered by individuals certified and/or licensed for the implemented program;

7. Ensure that providers are Substance Abuse Prevention Specialist Training certified; and
 8. Submit invoice monthly.
- d. Allocation letters will be amended upon submission and approval of a plan containing the following elements:
1. Budget that identifies how funds will be expended; and
 2. Description of the target population, program, training and certification requirements, monitoring plan and evaluation plan.

E. Mental Health and Substance Abuse Data Submission

i., c. – Paragraph re-worded

pg. 11

- ~~e. — Providers who submit substance abuse and/or mental health data monthly for the prior month (on or before the last day of every month), will be eligible to receive reimbursement and/or payment for each complete and successful submission. Reimbursement and/or payment are based on the availability of Federal funds.~~
- c. Providers will submit the substance abuse “Treatment Episode Data Set” (TEDS) and/or the mental health “Mental Health Event Data Set” (MHE) data monthly for the prior month (on or before the last day of every month), and will be eligible to receive reimbursement and/or payment for each complete and successful submission based on the availability of Federal funds.

i., d. – Paragraph re-worded

pg. 11

- ~~d. — Providers may also submit substance abuse and/or mental health data quarterly, according the schedule listed below. Quarterly submissions are not eligible for reimbursement and/or payment:~~

Reporting Period	Reporting Deadline
Quarter 1 (July 1-September 30)	October 31
Quarter 2 (October 1-December 31)	January 31
Quarter 3 (January 31-March 31)	April 30
Quarter 4 (April 1-June 30)	July 31

- d. Providers will submit the “Service Level Funding Source” (SLFS) data annually for the prior fiscal year, on or before August 30th of each year.

ii., c. – New Language added

pg. 12

- c. The Information System Data Set for Substance Abuse and Mental Health is the SLFS.
- d. MHE, ~~and~~ TEDS and SLFS Data Specifications are available for download from the DSAMH Substance Abuse Mental Health Information System (SAMHIS).

iii., a., 2. – New language added

pg. 13 - 14

- 2. Data Collection Procedures: The MHSIP is a paper/pencil survey, available in English and Spanish. The MHSIP is given as a point-in-time convenience survey during the approved survey period (typically to begin on December 1st and run through April 1st of every year). DSAMH will print and distribute surveys to providers with specific instructions and survey dates; **completed surveys should be submitted to DSAMH on a monthly basis.** Centers may administer the survey onsite or conduct mail outs. Surveys administered after the approved time period or received by DSAMH after May 1st will not be used in scoring and analysis. The surveys are given to adult substance abuse and mental health consumers regardless of the modality of treatment or length of stay in treatment. Surveys are color coded so agency staff may distinguish between the different versions- MHSIP (white), MHSIP Spanish (yellow).

iv., a. – Paragraph re-worded

pg. 16

- ~~a. DSAMH will require that all mental health programs utilize these measures for patients served in publicly funded programs. The instruments will require repeated administrations.~~
- a. DSAMH requires a 50% utilization rate for the LMHA for patients served in publicly funded programs. The instruments will require repeated administrations.

F. Performance Measures

i., c. – New section added

pg. 17 - 18

- c. For successful performance, the Local Mental Health Authorities will meet or exceed their previous year numbers, average, or percent (as applicable) for the following measures: Supported Employment, Percent Employed (full time, part time, or supported employment) divided by the number of clients in the workforce (full time, part time or supported employment) and/or unemployed but seeking work, Enrolled/Attendance in School, Supported Housing, Clients Served, Unfunded Clients Served, Percent in

Need Served, Percent in Need SPMI/SED Served, Clients Served in Jail/Justice Services. Providers are encouraged during FY2013 to focus on percent increase or decrease, during an annual reporting period, for the Mental Health National Outcome Measures (NOMs); (Clients Served, Employment, School Enrollment/Attendance, and Criminal Justice Involvement).

iii., e. – Paragraph re-worded

pg. 19

- e. Number of “Eliminate Alcohol Sales to Youth” (EASY) alcohol compliance checks within Local Authority area. (Target for FY2013 is an increase from the previous year ~~from baseline number established in SFY2010.~~)